



*Treating Health Seriously*

# Increasing HIV Testing Among Men

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# Lessons from Cross-Cutting **Right to Care** Programmes



health  
Department:  
Health  
REPUBLIC OF SOUTH AFRICA

## Lesson 1

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# Listen

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## Lesson 2

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# Act Accordingly

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## Lesson 3

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# Context is King

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# Summary of Key Points

- 1 Collaboration between **DSD** partners, **NDOH**, **DOH**, **CBOs**, **CHWs**, **WBOTs**, **Civil Society**. If you're working in health, you're working in the relationship industry.
- 2 Know your audiences, their social norms, perceived masculinity and how this influence their behaviour. This requires deep work on **hyper-localised levels**.
- 3 Use dynamic **GIS mapping** to identify population density, demographics and other variables for a targeted approach. Map places of interest to men in order to reach men where they need services.
- 4 Community-based scale-up and peer-to-peer support networks. **PLHIV** play a vital part in programme design and/or as community ambassadors.
- 5 **Making it easy for men to access health**. Men-only days and extended operating hours, confidential help-line. Under a strong, relatable men's-health brand. Any marketing approach / brand identity needs to be scalable and applicable across the cascade.

# Summary of Key Points

- 6** **No generic messaging.** Targeted at addressing barriers, focus on enablers.
- 7** Train health-care workers in behaviour science to understand **the subtlety of language and tone.**
- 8** Think differently about the same problem: assisted HIV self screening targeting adult men showed a positivity yield of **11.2%** as compared to **6%** for the facility HTS.
- 9** HTS in non-health settings. The testing of **37,500** men as part of pre-screening for customary male initiation process in the Eastern Cape.



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**THANK YOU**